

**REMARKS**

The Office Action of December 30, 2003 has been received and its contents carefully considered. Claims 1, 2 and 5 - 8 new have been canceled (claim 4 was previously canceled). Multiple dependent claims 9 and 10 have been amended to be in independent form. That is, claims 9 and 10 each have been amended to include the limitations of the base claim 1, claim 3 has been amended to depend from claim 9, claim 11 has been added corresponding to claim 3 depending from claim 10, new independent claim 12 has been added with the limitations of claim 6 and claim 9, and new independent claim 13 has been added with the limitations of claims 6 and claim 10.

The Examiner rejected claims 1-3 and 5-8, but indicated that multiple dependent claims 9 and 10 would be allowable if written in independent form. Claims 1, 2, and 5-8 have been canceled. Claims 9 and 10 have been written as described above. Moreover, claim 3 has been amended to depend from claim 9. The rejection therefore no longer is applicable and accordingly should be withdrawn. The other dependencies of claims 9 and 10 have been retained by addition of claims 11-13. Therefore, all of the new and amended claims are deemed clearly to be allowable.

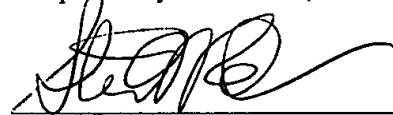
Based on the above, it is submitted that the application is in condition for allowance and such Notice, with allowed claims 3, and 9 - 13, earnestly is solicited. Should the Examiner feel that a conference would help to expedite the prosecution of this application, the Examiner is hereby invited to contact the undersigned counsel to arrange for such a

conference.

March 30, 2004

Date

Respectfully submitted,



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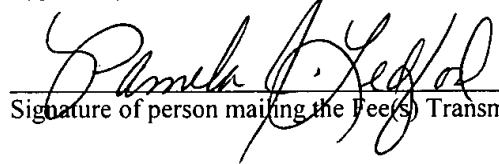
SMR/pjl

**Certification Under 37 C.F.R. §1.8 (if applicable)**

I hereby certify that this Amendment is being deposited with the United States Postal Service as First Class Mail under 37 C.F.R. §1.8 on this **March 30, 2004** and addressed to the Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

**Pamela J. Ledford**

Typed or printed name of person mailing the Fee(s) Transmittal



Signature of person mailing the Fee(s) Transmittal